AUG 30 1937

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH
County St Louis Co 2/ Registration District No. 984 File No. 28281
Township St Ferdinand Primary Registration District No. 6030 Registered No. 142
City (No. 429 Habecking Dr. Riverview Garden St. Ward)

2. FULL NAME HENRY BENHARDT,
(a) Residence, No. 429 Habecking Dr., Riverview Garden St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Anna Benhardt (Kerls)

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 5, 1873

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
63	9	18	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. St. Louis Car Co.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo.

FATHER
13. NAME John Benhardt
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo

MOTHER
15. MAIDEN NAME Dora Wagner
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo

17. INFORMANT (ADDRESS) Mrs. Anna Benhardt 429 Habecking Dr. Riverview Gr.

18. BURIAL, CREMATION, OR REMOVAL
PLACE St. John DATE July 26, 1937

19. UNDERTAKER (ADDRESS) Math. Hermann & Son 2161 East Fair Avenue

20. FILED July 26th, 1937 W. A. Zeitler Registrar.
Per C. Smith

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 23, 1937

22. I HEREBY CERTIFY, That I attended deceased from 11/7, 1936 to 7/23, 1937
I last saw him alive on 7/23, 1937 Death is said to have occurred on the date stated above, at 10:50 A. M.
The principal cause of death and related causes of importance were as follows:
Silicosis about 9 mo ago
23
Date of onset

Other contributory causes of importance:
Phthisis Pulmonalis

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? yes
If so, specify Sand blasting
(Signed) G F Chopin, M. D.
(Address) 8321 N Bdy

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.